

Te Whatu Ora
Health New Zealand

Name and address of medical/general practitioner

Te Whatu Ora use only Card No.

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NZMC number

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Mr ☐ Master ☐ Mrs ☐ Ms ☐ Miss ☐ (Please tick one)

Last name

Street name

11

City/town

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Card expiry date

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D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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The particular ongoing medical condition(s) is/are:

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D	D	M	M	Y	Y	Y	Y
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Signature of medical/general practitioner

Date _____

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D	D	M	M	Y	Y	Y	Y
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Signature of patient or guardian

Date _____

[illegible]

HP5863 August 2025